

- ☐ Provisional
☐ Operating
☐ Amend _____

APPLICATION AND AFFIDAVIT Family Child Care Home I



PLEASE READ CAREFULLY BEFORE COMPLETING AND SIGNING (Please Print Legibly)

Last Name		First Name		Middle Initial
Street Address		City	County	Zip Code
Telephone Number	Days of Care M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su <input type="checkbox"/>			
Number of Children _____		Ages of Children _____ to _____		
Hours of Care: _____ a.m. to _____ p.m. and/or _____ a.m. to _____ p.m.				

List names, birth dates, SSN, and relationship of all persons living in the home INCLUDING YOURSELF. List maiden name, previous names or aliases, if applicable. In addition, please list any volunteers or substitutes.

Name	Social Security Number	Birth Date	Relationship

In making this application, I state that:

1. I have read and understand the Family Child Care Home I Standards as issued by the Nebraska Department of Health and Human Services System under Nebraska law for the operation of a Family Child Care Home I (Nebraska Revised Statutes, Sections 71-1908 through 71-1917).
2. I give the Department of Health and Human Services System permission to check my name and all household members and substitutes age 13 and older against the Nebraska Child Abuse and Neglect Central Registry.
3. I give the Department of Health and Human Services System permission to check my name and all household members and substitutes age 18 and older against the Nebraska Adult Protective Services Central Registry.
4. I comply and will continue to comply with the rules for operating a Family Child Care Home I and the terms of my license.
5. I have provided and will continue to provide each parent of the children served in my home with a copy of the Department of Health and Human Services Systems' Parent Handbook.
6. I give the Department of Health and Human Services System staff permission to make the necessary inspections of my home to determine my compliance with the regulations.
7. I understand that the Department of Health and Human Services System staff may take photographs of the child care designated areas of my home.
8. I give the Department of Health and Human Services System and the State Fire Marshal's office permission to make the necessary inspections of my home to determine my compliance with the regulations.
9. I understand that any complaints about my Family Child Care Home will be investigated by a representative of the Department of Health and Human Services System and the identity of the complainant shall remain confidential.
10. I understand that designated Department of Health and Human Services System staff may release specific requested information concerning my licensing file to the public upon written or verbal request.
11. I am aware that to operate a Family Child Care Home in Nebraska without a license is in violation of Nebraska Revised Statutes, Sections 71-1908 through 71-1917.

I certify that any information I give is and will be, to the best of my knowledge, true and correct.

SIGN HERE _____

Signature of Applicant

Date

SIGN HERE _____

Signature of Department Representative

Date